

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Jalil Shakur Reed QJ1462
Full Name of Plaintiff Inmate Number

v.

Lt. Garcia
Name of Defendant 1

Lt. M. Conrad
Name of Defendant 2

CO Harrison
Name of Defendant 3

CO E Sherrill
Name of Defendant 4

T
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 1:22-CV-1832
(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial
☐ No Jury Trial Demand

**FILED
SCRANTON**
NOV 16 2022
PER [Signature]
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Reed, Jalil S

Name (Last, First, MI)

QJ1462

Inmate Number

SCI- DALLAS

Place of Confinement

1000 Follies Road

Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Garcia, (First name unknown to me)

Name (Last, First)

Lt.

Current Job Title

1000 Follies Road

Current Work Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

Defendant 2:

~~Mr~~ Conrad, M (First name unknown to me)

Name (Last, First)

Lt.

Current Job Title

1000 Follies Road

Current Work Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

Defendant 3:

Harrison (First name Unknown to me)

Name (Last, First)

MAN CO

Current Job Title

1000 Follies Road

Current Work Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

Defendant 4:

Sherrill, E (First name unknown to me)

Name (Last, First)

CO

Current Job Title

1000 Follies Road

Current Work Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

1000 Follies Road

Current Work Address

Dallas, Luzerne County, PA, 18612

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

It happened at SCI-DALLAS PHU Range 4 cell 38 on the following
dates: 09/22/2022 @ 2110 HRS - 09/23/2022 @ 1733 HRS -
09/29/2022 @ 1400 & @ 2000 HRS & @ 2010 HRS - 10/27/2022 @ 1533 HRS

B. On what date did the events giving rise to your claim(s) occur?

September 22ND, 23RD and 29TH, 2022
October 22ND, 2022

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was sexually Harassed by Lt. Garcia at SCI-DALLAS
I was threatened and told I would be harmed by
CO E Sherrill, I was Retalated by CO Harrison due
to me filing a Prea. I was told by Lt. M. Conrad
to make my prea go away he was attempting to bribe
and intimidate me See attached pages

C1 for Lt. Garcia

C2 For Lt. M. Conrad

C3 for ~~CO~~ Harrison

C4 for CO Esherrill

C5 for Continued Retaliation

C6 for Lt. M. Conrad and emergency hearing

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

- 1 Amendment VIII I should be free from cruel and unusual Punishment
- 2 Amendment XIV Section I have the right to equal protection of the law
- 3 these are the following laws I believe were violated
But not limited 18 Pa. C.S. 4702(a)(2) ~~But~~ Threats - to influence
decisions in Judicial/admin. Proceedings (threat to commit crime)
- 4 18 Pa. C.S. 4703 Retaliation for past official action 5 18 Pa. C.S.
4906(a) false reports - falsely incriminate another
- 6 18 Pa. C.S. 4911(a)(2) Tampering w/ public records presenting false
documents 7 18 Pa. C.S. 4952(a)(1) Intimidation of witness/victim
refrain from reporting (general) also subsection (a)(3) (2) (4)
- 8 18 Pa. C.S. 4953(a) Retaliation against witness/victim general 9 18 Pa. C.S. 5503(a)(1)
Disorderly Conduct Subsection (a)(2)(a)(3) 10 18 Pa. C.S. 911(B)(3) Corrupt organizations - employee
participation Subsection (b)(4) 11 18 Pa. C.S. 2709(a)(7) Harassment - repeated communication, offer
- 12 18 Pa. C.S. 2906(a)(1) criminal coercion - threat to commit crime
- 13 Failure to supervise 14 Failure to intervene

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Anxiety attacks, Depression, Slandering, death threats, Retaliation, Denied due process,
in protected laws, Pain and suffering, Harassment,

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I would like to get a restraining Order against the defendants
for me to stopped being Harassed by and threatened by CO Estemill and
Lt. M. Conrad also I'm seeking money damages!

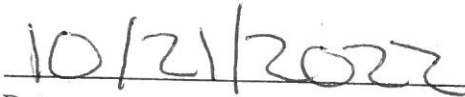
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



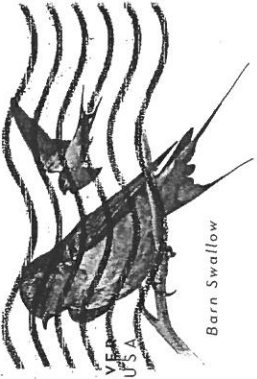
Date

Smart Communications/PADOC
JACIL REED # QJ146Z SCI 1 DALMS
P.O. Box 33028
St. Petersburg, FL 33733

LEHIGH VALLEY PA 180

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FOREVER
USA



Barn Swallow

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SCRANTON

NOV 16 2022

PER

DEPUTY CLERK

United States District Court
Middle District of Pennsylvania
235 North Washington Avenue, P.O. Box 1148
Scranton, PA 18501-1148

"LEGAL MAIL" 1 OF 3

18501-114848

Intimate Mail - PA DEPT. OF CORRECTIONS